Statement of Organization
Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Parts 4-6

Date qualification threshold met:
- 8/31/2020

1. Committee Information
   - I.D. Number
   - Name of Committee:
     Albany Forward, Jordan and Tiedemann for City Council 2020
   - Street Address (No P.O. Box):
     City: Albany
     State: CA
     Zip Code: 94706

2. Treasurer and Other Principal Officers
   - Name of Treasurer:
     Harry Chomsky
   - Street Address (No P.O. Box):
     City: Albany
     State: CA
     Zip Code: 94706

3. Verification
   I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 9/1/2020
   By: ____________________________
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   Executed on 1/Sept/2020
   By: ____________________________
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   Executed on 1/Sept/2020
   By: ____________________________
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   Executed on ____________
   By: ____________________________
   Signature of Controlling Officer, Candidate, or State Measure Proponent

   FPPC Form 410 (August/2018)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Albany Forward, Jordan and Tiedemann for City Council 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Mechanics Bank

AREA CODE/PHONEx
510-558-2330

BANK ACCOUNT NUMBER

ADDRESS
801 San Pablo Avenue

CITY
Albany

STATE
CA

ZIP CODE
94706

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preston Jordan</td>
<td>Member of the Albany City Council</td>
<td>2020</td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td>Aaron Tiedemann</td>
<td>Member of the Albany City Council</td>
<td>2020</td>
<td></td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name
Albany Forward, Jordan and Tiedemann for City Council 2020

4. Type of Committee (Continued)
General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee
☐ COUNTY Committee
☐ STATE Committee

Provide brief description of activity

Sponsored Committee
List additional sponsors on an attachment.

Name of Sponsor

Industry Group or Affiliation of Sponsor

Street Address

No. and Street

City

State

Zip Code

Area Code/Phone

Small Contributor Committee
☐ Date qualified

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officer, or officer certifies that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.